

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

ADDRESS (number and street)

11065 HOME SHORE DRIVE

☐Check if different  
than previously  
reported. (ACC)

PINCKNEY

MI

48169

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00421040

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margo Lynn Burrage

Signature of Treasurer

Electronically Filed by Margo Lynn Burrage

Date

07

14

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		25644.50
(b) Cash on Hand at Beginning of Reporting Period .....	25644.50	
(c) Total Receipts (from Line 19) .....	11368.00	11368.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37012.50	37012.50
7. Total Disbursements (from Line 31) .....	8521.00	8521.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28491.50	28491.50
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2925.00	2925.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	8443.00	8443.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	11368.00	11368.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	11368.00	11368.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11368.00	11368.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11368.00	11368.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	21.00	21.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	21.00	21.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8521.00	8521.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8521.00	8521.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11368.00	11368.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11368.00	11368.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.00	21.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21.00	21.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

TAMJEED ARSHAD, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4652

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

WYNNE CRAWFORD, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

35124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

R ERIC CRUM, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

35124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4664

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

JOSE ESCOBAR, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSOOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	9	

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN FINKLEA, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AA

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSOOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	9	

Transaction ID: SA11AI.4654

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

H FORREST FLEMMING, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AA

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSOOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	9	

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

DAVID GEORGE, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

DARRYL HAMILTON, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4668

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL MOORE, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY CARDIOVASCULAR  
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

2925.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CITIZENS FOR BUNNING</b>	<b>Transaction ID:</b> SB23.4649 <b>Date of Disbursement</b>
Mailing Address 1717 DIXIE HIGHWAY SUITE 180	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 9</div> </div>
City FT WRIGHT State KY Zip Code 41011	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>CROWLEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4639 <b>Date of Disbursement</b>
Mailing Address 84-56 Grand Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 9</div> </div>
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CAROLYN MCCARTHY</b>	<b>Transaction ID:</b> SB23.4640 <b>Date of Disbursement</b>
Mailing Address 151 Linden Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 0 9</div> </div>
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)

GRIFFITH FOR CONGRESS

Mailing Address PO BOX 2916

City  
Huntsville

State  
AL

Zip Code  
35804

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 05

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4641

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City  
Seymour

State  
IN

Zip Code  
47274

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 09

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4644

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City  
Pueblo

State  
CO

Zip Code  
81002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

**A.** Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4635

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
RUBEN HINOJOSA FOR CONGRESS

Mailing Address 502 North 11th Street

City McAllen State TX Zip Code 78501

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 15

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4648

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

8500.00